## FEDERAL EMERGENCY MANAGEMENT AGENCY STATE AND LOCAL EXPENDITURES EMERGENCY MANAGEMENT ASSISTANCE

STATE NUMBER (For State use only)

FEMA NUMBER

O.M.B. No. 3607-0080

(For FEMA use only Expires July 1984

IN SUBMITTING THIS REPORT, THE STATE REPRESENTS THAT JUSTIFICATION TO SUPPORT THESE EXPENDITURES IS CONTAINED IN THE STATE WORKPLAN APPROVED BY FEMA OR IN STATE-APPROVED WORKPLANS OF LOCAL JURISDICTIONS. IT IS UNDERSTOOD THAT FAILURE TO EXECUTE THE ELEMENTS OF THOSE WORKPLANS MAY RESULT IN WITHHOLDING OR RECOVERY OF FUNDS BY FEMA PROVIDED THEREFOR.

RECOVERY OF FUNDS BY FEMA PROVIDED THEREFOR.							
ORGANIZATION (As on FEMA Form 85-16)	STATE		DATE	PERIOD COVERED			
				FROM	THROUGH		
	COST CATEGORIES						
CLAIMANT AGENCY OR VENDOR	PERSONNEL COMPENSATION AND BENEFITS	TRAVEL AND TRANSPORTATION OF PERSONS	ALL OTHER	TOTAL	CHECK NO OR OTHER PROOF OF PAYMENT		
TOTAL AMOUNTS EXPENDED							
FEDERAL SHARE (Total Amounts Multiplied By )							

## FEDERAL EMERGENCY MANAGEMENT AGENCY STATE AND LOCAL EXPENDITURES EMERGENCY MANAGEMENT ASSISTANCE

STATE NUMBER (For State use only)

FEMA NUMBER

O.M.B. No. 3607-0080

(For FEMA use only Expires July 1984

IN SUBMITTING THIS REPORT, THE STATE REPRESENTS THAT JUSTIFICATION TO SUPPORT THESE EXPENDITURES IS CONTAINED IN THE STATE WORKPLAN APPROVED BY FEMA OR IN STATE-APPROVED WORKPLANS OF LOCAL JURISDICTIONS. IT IS UNDERSTOOD THAT FAILURE TO EXECUTE THE ELEMENTS OF THOSE WORKPLANS MAY RESULT IN WITHHOLDING OR RECOVERY OF FUNDS BY FEMA PROVIDED THEREFOR.

RECOVERY OF FUNDS BY FEMA PROVIDED THEREFOR.							
ORGANIZATION (As on FEMA Form 85-16)	STATE		DATE	PERIOD COVERED			
				FROM	THROUGH		
	COST CATEGORIES						
CLAIMANT AGENCY OR VENDOR	PERSONNEL COMPENSATION AND BENEFITS	TRAVEL AND TRANSPORTATION OF PERSONS	ALL OTHER	TOTAL	CHECK NO OR OTHER PROOF OF PAYMENT		
TOTAL AMOUNTS EXPENDED							
FEDERAL SHARE (Total Amounts Multiplied By )							

## FEDERAL EMERGENCY MANAGEMENT AGENCY STATE AND LOCAL EXPENDITURES EMERGENCY MANAGEMENT ASSISTANCE

STATE NUMBER (For State use only)

FEMA NUMBER (For FEMA use only

O.M.B. No. 3607-0080 Expires July 1984

IN SUBMITTING THIS REPORT, THE STATE REPRESENTS THAT JUSTIFICATION TO SUPPORT THESE EXPENDITURES IS CONTAINED IN THE STATE WORKPLAN APPROVED BY FEMA OR IN STATE-APPROVED WORKPLANS OF LOCAL JURISDICTIONS. IT IS UNDERSTOOD THAT FAILURE TO EXECUTE THE ELEMENTS OF THOSE WORKPLANS MAY RESULT IN WITHHOLDING OR RECOVERY OF FUNDS BY FEMA PROVIDED THEREFOR.

RECOVERY OF FUNDS BY FEMA PROVIDED THEREFOR.	OTATE			DEDICO 00/EDED	
ORGANIZATION (As on FEMA Form 85-16)	ON (As on FEMA Form 85-16)		DATE	PERIOD COVERED	
				FROM	THROUGH
	COST CATEGORIES				
CLAIMANT AGENCY OR VENDOR	PERSONNEL COMPENSATION AND BENEFITS	TRAVEL AND TRANSPORTATION OF PERSONS	ALL OTHER	TOTAL	CHECK NO OR OTHER PROOF OF PAYMENT
TOTAL AMOUNTS EXPENDED					
FEDERAL SHARE (Total Amounts Multiplied By )					